

Name
in
Full

Casimir Ambrose

8
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mayfield</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Apr.</i>	Day <i>11</i>	Age <i>65</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Poland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>not known</i>				Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>				Mother's Birthplace <i>not known</i>			
Name of person giving information <i>Rev. S S. Kurlbutt</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. A. Nichols</i>
<i>[Signature]</i>	Address <i>Maytown Ind</i>
Accident or Suicide? <i>No</i>	



528

Name
in
Full

Mrs Martha A Barlow

2
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mount View ^{County} Howard

MARYLAND

Date of death 1980 ^{Month} April ^{Day} 20th, ^{Years} Age 47 ^{Months} 3 ^{Days} 4

Sex Female Color or Race white Birth-place Baltimore Md

Occupation ~~Homemaker~~ Homemaker Where Residing if not at place of death at her homeMarried, ~~single~~ ~~married~~ Name of ~~Wife~~ Husband Clinton Barlow

Father's Name Wm F. Haines Father's Birthplace Howard Co Md

Mother's Maiden Name Sarah J. Sunderland Mother's Birthplace not known

Name of person giving Information George B. Haines How related to deceased Brother

CAUSES OF DEATH

64 ✓

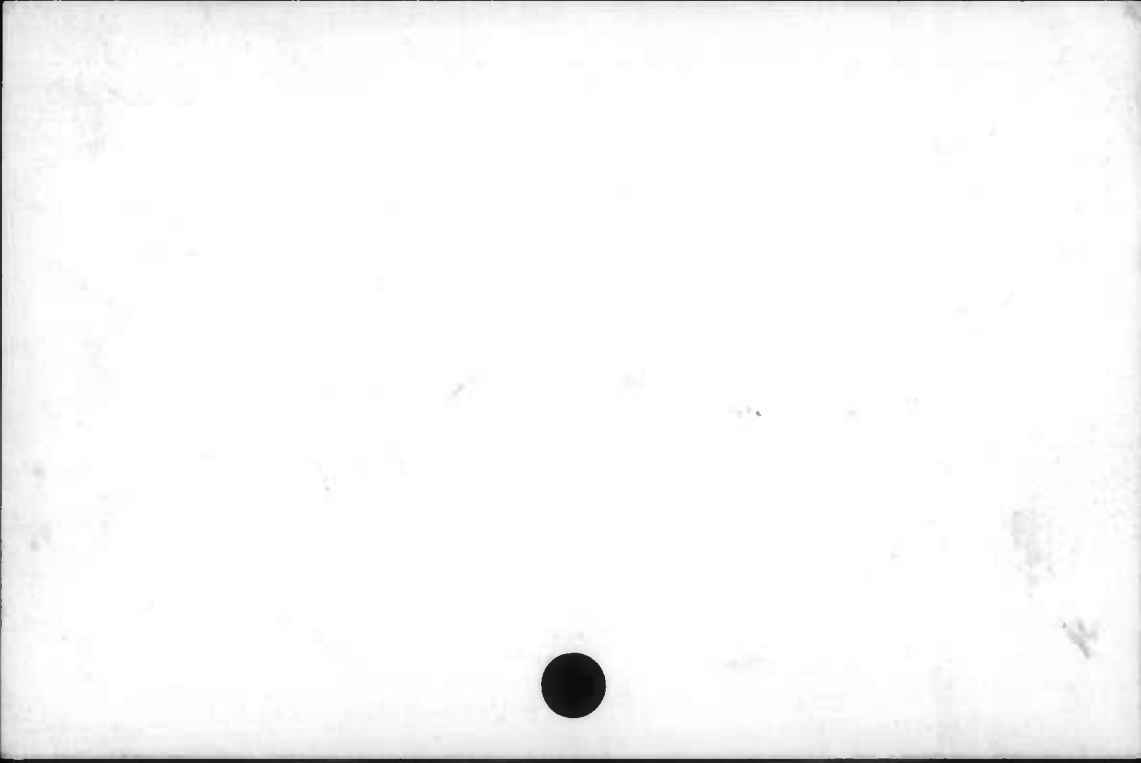
Primary appoplexy
shockHow long 9 hrs
How long 9 hrsImmediate
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Benj. F. Shipley, M.D.
Alpha P.O.
Howard Co MdPHYSICIAN
OR CORONER

Accident or suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Agnis
Dayton

Barnes

County

Howard

MARYLAND

Date

of death

1960

Month

April

Day

22

Age

33

Months

11

Days

15

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Housemaid

Where Residing if not
at place of death

Dayton

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Lewis Barnes

Father's
Birthplace

Md

Mother's
Maiden Name

Priscilla Cash

Mother's
Birthplace

Md

Name of person giving
Information

Richard Allen

How related
to deceased

Cousin

CAUSES OF DEATH

29

Primary

Pulmonary Tuberculosis

How long

Some time

Immediate

Pulmonary Hemorrhage

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Richard
Dayton
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full10
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

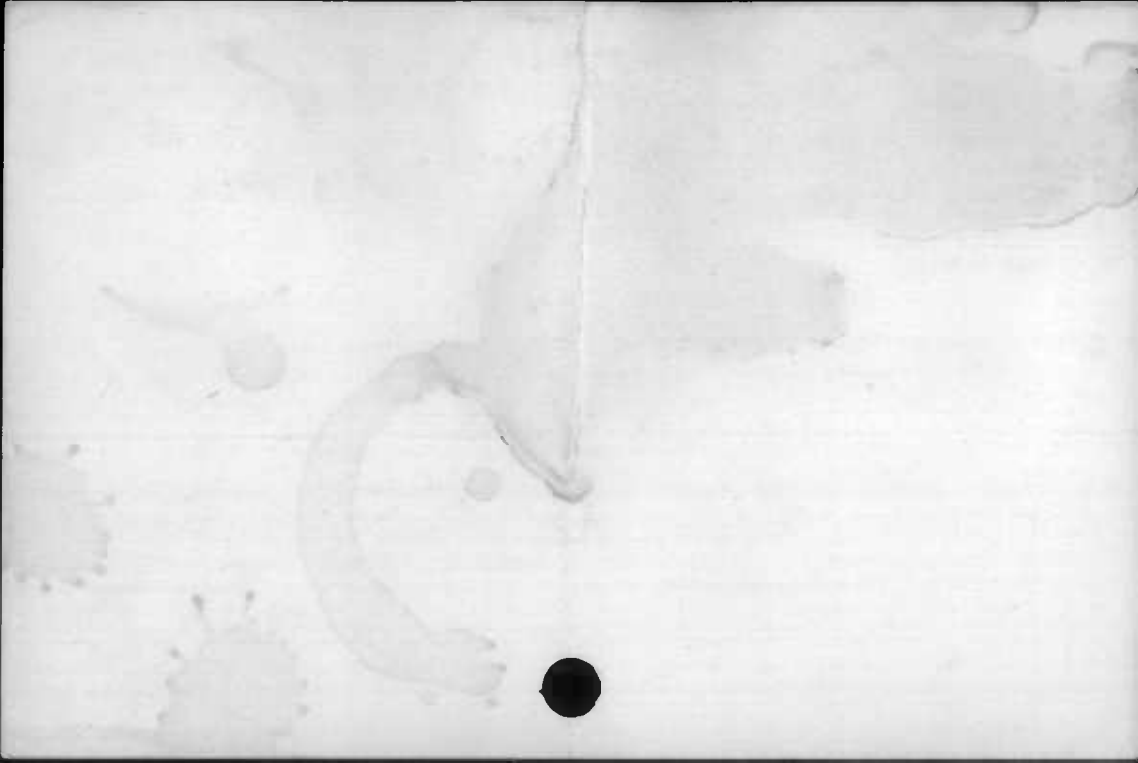
Died at <i>Florence</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>10 April.</i>	Month	<i>22.</i>	Day	<i>50</i>	Years	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>	Months	<i>22</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death		<i>At Home</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Ruth A Duwall</i>			
Father's Name	<i>Otha Duwall</i>	Father's Birthplace		<i>Maryland</i>			
Mother's Maiden Name	<i>Rhoda Selby</i>	Mother's Birthplace		<i>Maryland</i>			
Name of person giving information	<i>Ruth A Duwall</i>	How related to deceased		<i>Wife</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Liver</i>	How long	<i>6 months</i>
Immediate	<i>Extension of above</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>J. W. Laey</i>	
		Address	
		<i>Linton</i>	
Accident or Suicide?		<i>ma</i>	



Name
in
Full

Achsah Rebecca Poe

4
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Tollivcott City		County		Howard		MARYLAND	
Date of death		1910		Month		Apr.		Day	
Age		77		Years		Months		Days	
Sex		Female		Color or Race		White		Birth-place	
Occupation		none		Where Residing if not at place of death		Maryland			
Married, Single or Widowed		Single		Name of Wife or Husband		none			
Father's Name		Arthur Poe		Father's Birthplace		Maryland			
Mother's Maiden Name		Sallie Dorsey		Mother's Birthplace		Maryland			
Name of person giving information		Eleanor Harrison		How related to deceased		Niece			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	1 year
Immediate	Mercurial poisoning	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jno. M. D. Rogers M.D.	
Address		Chesott City, Md.	



28

Name
in
Full

Sarah Robust

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Savage		Savage		Howard		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		April	24	70	4	5	7
Sex	female	Color or Race	white	Birth-place	Md		
Occupation	Housewife		Where Residing if not at place of death		Savage Md		
Married, Single or Widowed	married		Name of Wife or Husband		John F. Robust		
Father's Name	Leah F. Robust		Father's Birthplace		Md		
Mother's Maiden Name	Elizabeth F. Robust		Mother's Birthplace		England		
Name of person giving Information	John F. Robust		How related to deceased		husband		

CAUSES OF DEATH

79

How long

3 years

How long

progressive

PHYSICIAN
OR CORONER

Primary	Hypertrophied Heart	
Immediate	Failing Compensation	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Whitman M.D.
		Address
		Savage Md
Accident or Suicide	no	



Name
in
Full

Christian W. Schmidt.

3
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at *mean Dorseys.* Town*Howard.* County

MARYLAND

Date of death *1910 Apr.* Month

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Farmer.*Where Residing if not
at place of death*near place of death*Married, Single
or Widowed*Married.*Name of Wife or
Husband*Caroline Schmidt*Father's
Name*John Schmidt.*Father's
Birthplace*Germany*Mother's
Maiden Name*Catherine Eck*Mother's
Birthplace*Germany*Name of person giving
information*Caroline Schmidt.*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Arterio-sclerosis and cancer of liver

How long

3 years

Immediate

Some with-cerebral Hemorrhage

How long

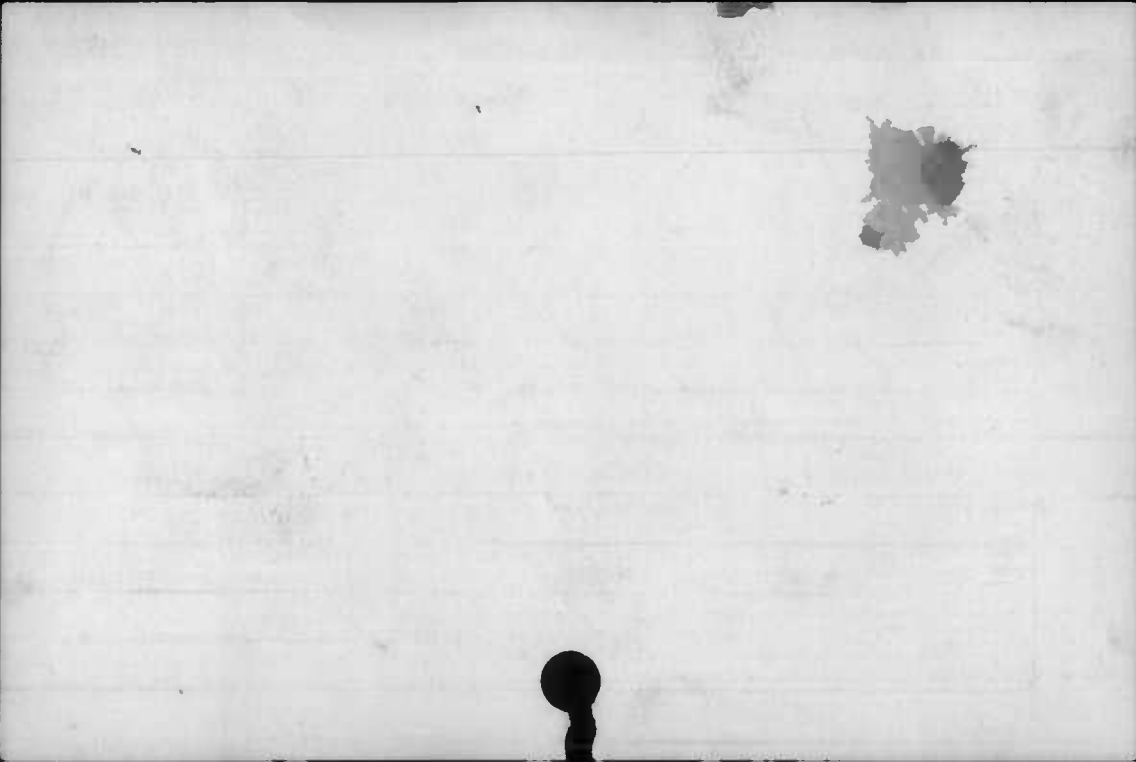
*3 years*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*Arthur Williams*

Address

2200 Ridge Road

Accident or Suicide?

*no**Filed 1910*



Name
in
Full

7
CERTIFICATE OF DEATH

Annie R Stewart

Town

County

MARYLAND

Died at

Glenwood

Howard

Date
of death

1940 April

Day

26

Age

Years

58

Months

5

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Glenwood

~~Married, Single~~
~~Widowed~~

Single

~~Name of Wife or
Husband~~

None

Father's
Name

Claudius Stewart

Father's
Birthplace

Ind

Mother's
Maiden Name

Arvilla Leach

Mother's
Birthplace

Ind

Name of person giving
Information

Arvilla Stewart

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

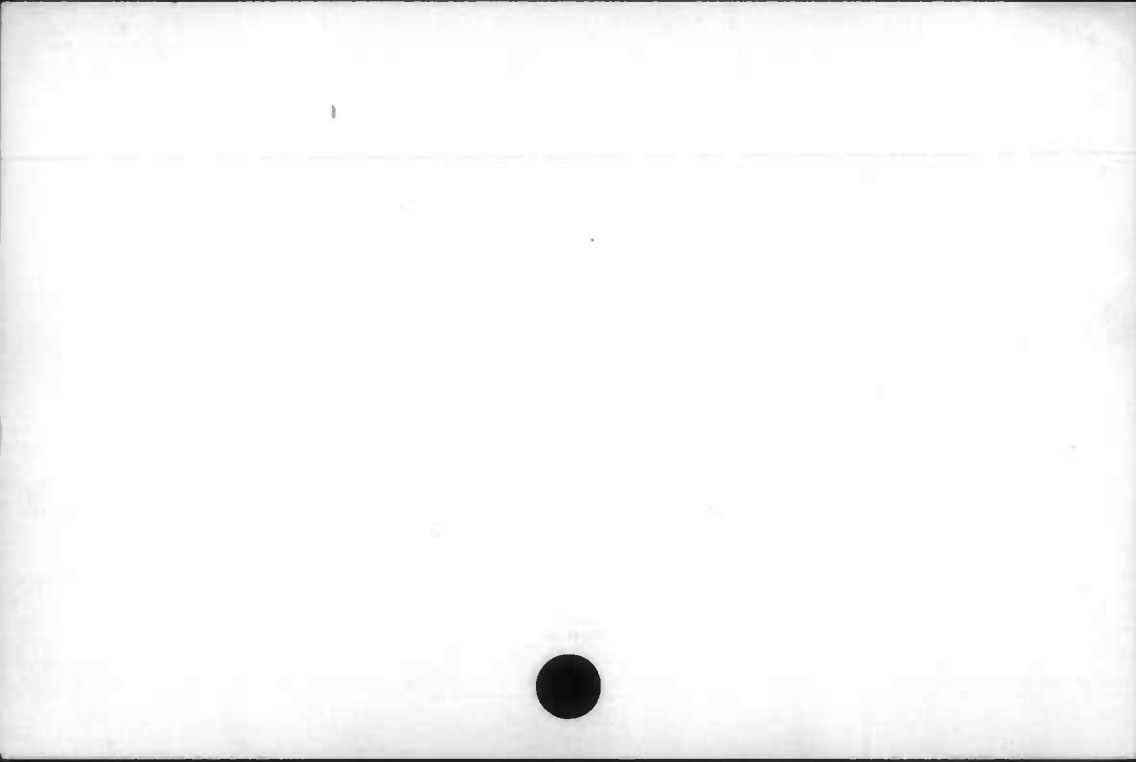
Address

J A Richard
Dayton Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Agusta Westphal

CERTIFICATE OF DEATH

MARYLAND

Died at Pfiffers corner

County

Harward

Date

of death

1970

Month

April

Day

30

Age

Years

65

Months

20

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

House Keeper

Where Residing if not
at place of death

near Pfiffers corner

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

~~Agusta~~ Frederick Westphal

Father's
Name

Frederick Westphal Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Germany

Name of person giving
Information

Charley Westphal

How related
to deceased

Son

CAUSES OF DEATH

40

Primary

Carcinoma of stomach & intestines

How long

Several months

Immediate

Exhaustion - Transition

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm R. Eversackson

Address

Elk Ridge

Accident or Suicide

